

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40988

5397

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 100  
 City Kansas City 116 6 66<sup>th</sup> Terrace St. (Ward)

**2. FULL NAME**

Charles Lewis Barnes  
 (a) Residence. No. 116 6 66<sup>th</sup> Terrace 15 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 16, 1850</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>4</u>
	DAY <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: <u>Sign Writer</u> (b) General nature of industry, business, or establishment in which employed (or employer): (c) Name of employer:		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 10<sup>th</sup> 1929 to Dec 30<sup>th</sup> 1929 that I last saw him alive on Dec 30 1929 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Cardiac dilatation  
131  
9.58  
 (duration) yrs. mos. 3 da.  
 CONTRIBUTORY (SECONDARY) Chronic Cardiovascular  
renal disease (duration) 10 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER Wm. A Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Lucy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: at  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory  
 (Signed) Hawt. Myers M. D.  
12-31 19 29 (Address) 814 Argyle Bldg  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT M. Elizabeth Barnes  
 (Address) 116 6 66<sup>th</sup> Terrace

15. FILED 12/21 19 29 M M Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL Jan. 2 19 30

20. UNDERTAKER S. H. Newcomer ADDRESS 167 W. ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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St. Louis, Mo.

~~St. Louis, Mo.~~

Vic 9878

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N.W. Cor 55<sup>th</sup> Terrace

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